

Intake Checklist

Name: _____

Address: _____

Phone Number: _____ Email Address: _____

	A copy of this checklist
	Complaints & Grievances Form
	Affidavit
	Training Interest Questionnaire
	Resume
	Social Security Card
	Georgia Driver's License or Georgia Identification Card (I-94 card if applicable)
	Proof of Residence
	Proof of Income and Family Income and Composition Form
	TABE Results (If no results – counselor will pull for you at a later date)
	ONET Interest Profiler Results (Print summary after you complete the survey)
	Selective Service Verification (DD214 or Internet Printout)
	Signed Attendance Verification Form: 3 Different Workshops / 3 Signatures
	Georgia Work Ready Online Participant Portal Registration Page
	Online Application Confirmation /Thank You Page or Welcome Back Page
	Financial Aid Verification (if applicable—all colleges)
	Program Ready Letter (if applicable --- all colleges)

The income levels shown in the table below will apply to WIOA eligibility and reporting in federal program years 2015-2016, or until another update occurs.

Six-Month Income Guidelines for WIOA; effective April 4, 2016

Family Size	Atlanta MSA
1	\$5,940
2	8,010
3	10,080
4	12,150
5	14,220
6	16,602
7	19,007
8	21,412
For each over 8 Add:	2,405

774 Jordan Lane, Bldg # 4 ♦ Decatur, Georgia ♦ 30033 ♦ (404) 687-3400 ♦ www.dekalbworkforce.org
 We are an EEO/M/F/D/V employer/program. Auxiliary aids/services are available upon request to individuals with disabilities.
 Services are 100% Federally Funded by the U.S. Department of Labor, and a proud partner of the American Job Center Network.



Individual Training Account (ITA) Completion Guide

The ITA Training Guide is designed to assist with the completion of the Individual Training Application (ITA). **Once you complete your paperwork; you must attend an Intake Session that is conducted every other Tuesday to submit your application. Call 404.687.3400 to be listed on the roster for the date that you desire to attend.**

- You must be a DeKalb County resident or were laid off in DeKalb County.
- **Copy all requested documents** prior to coming to the Intake Session (Social Security Card, Driver's License or Georgia ID, Alien Card or Passport, food stamp letters, EBT cards, Lease, check stubs, Unemployment Determination Letter, Separation Notice, etc.)
- Must be program ready – **WIOA will not pay for any developmental or prerequisite courses.** All course work must be in the major of study.
- **Funding is available upon eligibility, 1st year of training, up to \$5000, and the 2nd year up to \$3000. You are only eligible for one approved training program and funds do not roll over. You must meet all eligibility requirements to be considered for funding.**
- If there is a break in training and you decide to finish at a later time, you will be required to reapply for training funds. Training funds are on a first-come, first-serve basis.
- **WIOA will not pay for a Master's degree** – if eligible will assist with certification or certificate program. Bachelor degrees will be on a case-by-case basis (if less than two years are left for completion).
- **Areas of training that will not be approved are:** Commissioned Based programs, CNA only (must take CNA/PCT combo program), Paralegal has stipulations of experience, education and pre-hire letters and any industry that is not deemed in demand may not be considered.
- **Truck Drivers** – Should not have any DUI's or felonies within the last 7-years. Misdemeanors will be discussed on an individual basis.



- Copy of **Resume** is necessary (**Be sure to include email address**)
- **Proof of Residence:** Bill, Lease, Current Mail in training candidate's name.
- **Family Income Verification/Proof of income** for the past six months can be any of the following:
 - a) Most recent check stubs, social security benefits, TANF, food stamps, letter from a person providing support (if no income) and a piece of mail from the person writing the letter.
 - b) Unemployment Insurance Examiner's Letter or Separation Notice for Dislocated Workers (Dislocated Workers qualify if there was an involuntary layoff or company closure or notice of layoff due to no fault of the customer). Displaced homemakers, bring copies of layoff of spouse.
- **Selective Service** – for all males born after January 1, 1960, you must be registered. Visit www.sss.gov to print a copy of your verification or you may bring a copy of your DD214. (If you are not registered you will need to call the number listed on the website. You cannot submit your file without an exemption letter if you have not registered).
 - a) **Approved school information** –Visit <https://www.workreadyga.org>. Click on "Training and Education Programs. Search by your program choice. Contact the school to get the cost and duration of training. You can use this information to fill out your ITA Fast Track Application.
 - b) **TABE Results** –TABE test results are required to match school requirements and cannot be waived. Tests are given Mondays, Wednesdays, and Fridays at 10:00am. You must be here by 9:45am. Please take prior to coming to the Intake Session. You can only retest one time – all other results will be discarded. To study for the Math portion of your test you can visit www.math.com.



c) Interest Profiler

Steps to Completing the O'NET Interest Profiler

1. Type in website address **www.mynextmove.org/explore/ip**
 2. Click on the "next" button 4 times
 3. Complete the 60 assessment questions
 4. Once you have completed answering questions click the "next" button
 5. Click the "print" button
 6. At the top of the page type in your name
 7. Click print again
 8. Once your O'NET Interest Profiler results is through printing close icon
 9. List your top 3 scores on the 1st page of the ITA Fast Track Application
- **Print 3 job ads** of employment you will qualify for after training. Do you have the requested years of experience? Do you have the education? Must be fulltime jobs and located in Georgia. Do not attach single newspaper cut outs. Print off detailed job ads from the INTERNET.
 - **Attendance Verification Form:** You must attend at least three (3) Workshops, of your choice, and have the instructor sign the verification form.
 - **Georgia Work Ready Online Participant Portal:**
 - a) Go to the internet and put in the following web address:
<https://www.workreadyga.org/vosnet/Default.aspx>.
 - b) Click on "Not Registered"
 - c) Click on "Individual" under Option 2.
 - d) Create a "Username and Password".
 - e) Enter all requested information. All items marked with a red *, must be entered.
 - f) At the bottom of the page click "Next"
 - g) After filling in the Name, Address, and Phone information, click "Next"
 - h) You will then be asked to select your "Preferred Method of Communication". Please select "Email".
 - i) Complete the next pages of your registration and at the end click "Finish"
 - j) Please print the page that comes to your email after you complete your registration and place it in your packet.



- **Online Application Confirmation/Thank You Page or Welcome Back Page**
 - a) Register as a DeKalb Workforce Development customer. Go to the internet and put in the following web address:
www.dekalbworkforce.org.
 - b) Click “Online Application”
 - c) Click “Submit Application Here” and complete application – You will need to upload an electronic resume to complete the process.
 - d) Click “Submit”
 - e) Print the “Confirmation/Thank You” page
 - f) Include the page in your application
 - g) If you are already registered, login and then log back out. Print the page that thanks you for being a registered user and insert in your package.
- **Financial Aid Verification (www.fafsa.ed.gov)** – Only for Technical Schools, College, Universities and schools that accept Financial Aid
- **Program Ready Letter** – Only for Colleges, Universities, and Technical Schools

DeKalb Workforce Development Complaints and Grievances

Whenever any person, organization or agency believes that the Governor, or the Governor's designee, Workforce Innovation and Opportunity Act (WIOA) grant recipient or Governor's designee, WIOA grant recipient or other sub recipient (e.g. service providers, contractors) has engaged in conduct that violates the WIOA Act and has a concern regarding this violation, the problem should first be discussed informally between those involved and then with the Georgia Department of Economic Development, Workforce Division before a grievance or complaint is filed.

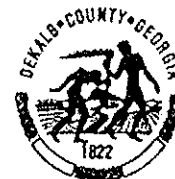
The grievance or complaint process is intended to allow for a resolution of the violation at the most local level. Applicants and participants for WIOA-related services through the Workforce Innovation and Opportunity Act (WIOA) Title I will be treated fairly by DeKalb Workforce Development (DWD) and Georgia Department of Economic Development, Workforce Division or any of its sub recipients for funds entrusted to the agency and no applicant, participant, employee, service provider or training provider will be intimidated, threatened, coerced or discriminated against because they have made a complaint, testified, assisted or participated in any manner of an investigation, proceeding or hearing.

DeKalb Workforce Development and Georgia Department of Economic Development, Workforce Division is prohibited from discriminating, under Section 188 regulations 29 CFR part 37 of the Workforce Innovation and Opportunity Act, against all individuals in the United States on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief, and against beneficiaries on the basis of either citizenship/status as a lawfully admitted immigrant authorized to work in the United States or participation in any WIOA Title I financially assisted program and activities.

Grievances and complaints should be filed as the participant's right in accordance with the written procedures established by DWD in this subsection for WIOA-funded program or activity whether informally or formally signed and in written form. If you think that you have been subjected to discrimination under a WIOA-funded program or activity, you may file a complaint within 180 days from the date of the alleged violation to the WIOA Equal Opportunity Officer at DeKalb Workforce Development. If you elect to file your complaint with the Georgia Department of Economic Development, Workforce Division, you must wait until DeKalb Workforce Development has issued a decision or until 60 calendar days have passed, whichever is sooner, before filing with the Georgia Department of Economic Development, Workforce Division.

After 60 calendar days of filing your grievance, the Georgia Department of Economic Development, Workforce Division requires DeKalb Workforce Development – local area to provide a formal decision, if the issue is not resolved informally. If you find the local hearing decision unsatisfactory, or if the local area does not respond to you in the allotted 60 days, you will have the opportunity to file a request for review by the Georgia Department of Economic Development's Workforce Division by using the WIOA Complaint Information Form via <http://www.georgia.org/competitive-advantages/workforce-division/resources/wioa-resources-job-seekers/>.

If you find the Georgia Department of Economic Development, Workforce Division's decision unsatisfactory, or if the division does not respond to you in the allotted 45 days, you will have the opportunity to file a request for review by the Executive Council Officer of the Governor. At the State level, WIOA requires an opportunity for an informal resolution and hearing to be completed within 60 calendar days of the filing. If the State's representative from Georgia Department of Economic Development, Workforce Division or the Executive Council does not respond within the 60 days, or either party wants to appeal, WIOA allows for a formal appeal to the U.S. Department of Labor. Federal appeals must be made within 60 calendar days of the receipt of the decision being appealed. USDOL will make a final decision no later than 120 days after receiving a formal appeal. USDOL will only investigate grievances and complaints arising through the established procedures.



WIOA does not allow for federal intervention until the formal procedure has been followed as outlined below.

I. Contact Local Area – DeKalb Workforce Development for inquiry to resolution of alleged grievance or complaint

Sandeep Gill
Deputy Director
Equal Opportunity Officer
DeKalb Workforce Development
774 Jordan Lane, Building 4
Decatur, Georgia 30033
Email: sgill@dekalbcountyga.gov
Phone: (404) 687-3437
Fax: (404) 687-4099

II. Contact State WIOA EO Officer

WIA Title I Equal Opportunity Officer
Mr. David Dietrichs
Deputy Counsel
Georgia Department of Economic
Development, Workforce Division
75 Fifth Street, NW, Suite 845
Atlanta, GA 30308
404-962-4136 (voice)
800-255-0056 (TTY/TDD)
DDietrichs@georgia.org
404-876-1181 (fax)

OR

Ben Hames, Deputy Commissioner
Georgia Department of Economic Development,
Workforce Division
75 Fifth Street, NW, Suite 845
Atlanta, Georgia 30308
Phone: (404) 962-4005
Fax: (404) 463-5043

III. If resolution is not sufficient, contact
Director, Civil Rights Center (CRC),
U.S. Department of Labor
200 Constitution Ave. NW Room – N4123
Washington, DC 20210

And Regional Administrator
USDOL/Employment and Training Administration
Atlanta Federal Center, Room 6M112
61 Forsyth Street, SW
Atlanta, GA 30303

Form can be accessed through the Civil Rights Center website at: <http://www.dol.gov/oasam/programs/crc/Cife.pdf>

People with Hearing Impairments may contact the Georgia Relay Center at 1-800-255-0056 or 711

Discrimination complaints related to WIOA service delivery are handled separately from non-criminal complaints from participants. If you think that you have been subjected to discrimination under a WIOA Title I financially assisted program or activity, please see Section 1.7 Notice of Equal Opportunity and Nondiscrimination and Section 3.1.1 WIOA Administration Standards.

In case of suspected fraud, abuse or other alleged criminal activity, you should direct your concerns to the Georgia Office of Inspector General, 1-866-435-7644 or email at inspector.general@oig.ga.gov. This document can be translated using www.microsofttranslator.com

I have read and understand the above statement and acknowledge so by my signature.

Applicant Name (print):	_____	SSN:	_____
Applicant Name (signature):	_____	Date:	_____
Staff Name (print):	_____	Area:	DeKalb County – 05
Staff Name (signature):	_____	Date:	_____

This page must be signed in the presence of a notary.

If you are unable to have notarized personally, a Notary Public is available at DeKalb Workforce Development.

All WIOA Applicants must submit a signed, notarized O.C.G.A. Affidavit.

O.C.G. A. § 50-36-1(e)(2) AFFIDAVIT

By executing this affidavit under oath, as an applicant for Workforce Innovation and Opportunity Act Services as referenced in O.C.G.A. § 50-36-1, from DeKalb Workforce Development, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States Citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, *such as a Georgia Driver's License, US Birth Certificate, US Permanent Resident Card, or Alien Registration Receipt Card*, as required by O.C.G. A. § 50-36-1(e)(1), with this affidavit. A complete list of acceptable documents is attached.

The secure and verifiable document provided with this affidavit can best be classified as:

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

*Signature of Applicant

Printed Name of Applicant
SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE

____ DAY OF _____, 20__

NOTARY PUBLIC

My Commission Expires:



Training Interest Questionnaire

Dear Training Applicant:

Thank you for your interest in applying for services under the Workforce Innovation Opportunity Act (WIOA). To help us match you with a training program that best meets your needs and interests, please complete this Questionnaire and return it to DeKalb Workforce Development, 774 Jordan Lane, Building #4, Decatur, GA 30033. If some questions make you uncomfortable, you may wait and discuss your answers with a Career Advisor. A Career Advisor will schedule an appointment and review your answers with you. Some other important key items you need to be aware of include:

In addition to completing the Questionnaire, you may be required to complete additional tests to determine your employment skills. If you have low skills in reading and math, or lack a high school diploma or GED, you may be required to attend classes to improve your skills before you can begin training.

If you are interested in attending training where PELL grants and HOPE scholarships are available, you will be required to complete the Federal Financial Aid Form (FAFSA) before you are approved for training. You can obtain a copy of the FAFSA information packet online at www.fafsa.ed.gov.

Because of funding limitations, not all eligible applicants are approved for WIOA funding. Applicants from the DeKalb County service area, who have met the basic eligibility criteria, will be given priority for training funds. Your request for training will be evaluated on the following criteria: date of your questionnaire, your last date of employment, availability of the training you want, your need for training or retraining, and other funds available to you. Your Career Advisor will keep you informed about the status of your application.

You will also have to meet additional eligibility requirements for training. Your Career Advisor will review the eligibility requirements and begin documenting your eligibility. We will work with you to collect information to establish your eligibility for training and support assistance.

If you have questions about completing this application, you may call 404.687.3400. Additional information is available on the internet at <http://www.dekalbworkforce.org/employmentandtraining.html>.

Name: _____ Social Security No: _____
Last First MI

Street Address: _____ Apartment No. _____

City: _____ County: _____ State: _____ Zip Code: _____

Phone: (____) _____ - _____ Message Phone: (____) _____ - _____

Email Address: _____

Please complete and return this form, along with required documentation listed on the Eligibility Requirement Checklist at the Intake Session, held at DeKalb Workforce Development, 774 Jordan Lane, Building #4, Decatur, GA 30033.

SECTION A: TRAINING SELECTION

Name of your first choice school: _____

Name of the program you want at this school: _____

Did you make this selection from the approved vendor's list at www.workreadyga.org? Yes No

Start date _____ End date _____

Total Cost: _____

What's the average salary for this industry (job) in Georgia? _____

Are jobs available in this field that you would qualify for after training? _____

Attach 3 detailed job ads to support that jobs are available in this field. They must be detailed ads which would show education required; skills required; salary range offered, etc.

List required tasks and responsibilities for this industry. (Ex: ability to lift 50 pounds, type 50 wpm, etc.)

- a. _____
- b. _____
- c. _____

Name of your second choice school: _____

Did you make this selection from the approved vendor's list at www.workreadyga.org? Yes No

Start date _____ End date _____

Total Cost: _____

Does each school offer 100% Instructor Lead Classes? _____ If no, what percentage? _____

(WIOA does not pay for all online courses)

Does each school offer job placement services and if yes by what method (job leads, placement staff, etc.)?

List other funds you are seeking to assist you throughout training (i.e. PELL, HOPE, scholarships, etc.)

Are you receiving PELL, HOPE, Scholarships, Loans, etc.? You will be required to submit proof of either receiving or not receiving these benefits if you are attending a school that accepts any of the above.

Once you meet with your counselor you may be asked for further documentation to help support your training request.

SECTION B: EMPLOYMENT HISTORY

List current and previous employers, job title, wage and dates of employment below, beginning with your current or most recent job.

Employer

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

From: _____ To: _____ Hourly Wage: _____ Job Title: _____

Duties: _____

Equipment and Tools Operated: _____

Reason for Leaving: _____

Employer

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

From: _____ To: _____ Hourly Wage: _____ Job Title: _____

Duties: _____

Equipment and Tools Operated: _____

Reason for Leaving: _____

Employer

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

From: _____ To: _____ Hourly Wage: _____ Job Title: _____

Duties: _____

Equipment and Tools Operated: _____

Reason for Leaving: _____

Employer

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

From: _____ To: _____ Hourly Wage: _____ Job Title: _____

Duties: _____

Equipment and Tools Operated: _____

Reason for Leaving: _____

SECTION C: EDUCATION AND ASSETS/BARRIERS

EDUCATION

What is the highest grade you have completed? _____ years

List the name and address of every school you have attended, including high school. Indicate any degrees or certificates and areas of study.

<u>School</u>	<u>Course of Study</u>	<u>Did You Graduate?</u>		<u>Year</u>
_____	_____	yes	no	_____
_____	_____	yes	no	_____
_____	_____	yes	no	_____
_____	_____	yes	no	_____

SECTION E: ASSETS AND BARRIERS TO EMPLOYMENT

Please answer the following questions to help us determine your employment and training assets and barriers. If you are uncomfortable with any question and would prefer to address the question directly with a Career Advisor, please specify.

- | | | |
|--|--|----|
| 1. Do you have problems reading and understanding written English? | yes | no |
| 2. Do you have problems understanding spoken English? | yes | no |
| 3. Do you have children who will need childcare while you are in training? | yes | no |
| 4. Do you have a misdemeanor or felony conviction? | yes | no |
| 5. Will you need to arrange transportation before you can accept a job? | yes | no |
| 6. Are you under the age of 22? | yes | no |
| 7. Are you over the age of 55? | yes | no |
| 8. Are you working a fulltime job now? | yes | no |
| 9. Do you have a part-time job? | yes | no |
| 10. Have you registered for work at Georgia Department of Labor? | yes | no |
| 11. Have you applied for unemployment insurance? | yes | no |
| 12. Are you receiving unemployment compensation? | yes | no |
| 13. Was your unemployment insurance claim denied? | yes | no |
| 14. Were you laid off from your job because of company downsizing or reorganization? | yes | no |
| 15. Are you now or have you in the past six months received food stamps? | yes | no |
| 16. Are you now or have you in the past six months received TANF or welfare? | yes | no |
| 17. For males between 18 and 26 years of age, are you registered for the draft with Selective Service? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt | |
| 18. Are there work limitations due to a disability? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 19. Currently receiving a Pell Grant? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

SECTION D: EMPLOYMENT/LAY OFF STATUS/FAMILY INCOME

1. Determine if the individual is a dislocated worker based on the following categories of dislocation. Check all that apply below:

- ☐ A. ☐ Has been terminated or laid off, or has received a notice of termination or layoff from employment; and
 - ☐ is eligible for or has exhausted unemployment compensation; and
 - ☐ is unlikely to return to previous industry or occupation.
- ☐ B. ☐ Has been terminated or laid off, or has received a notice of termination or layoff from employment; and
 - ☐ has shown attachment to the workforce, but is not eligible for unemployment compensation due to
 - ☐ insufficient earnings or the employer was not covered under a State unemployment compensation law; and
 - ☐ is unlikely to return to previous industry or occupation.
- ☐ C. Has been terminated or laid off, or has received a notice of termination or layoff, from employment as a result of any permanent closure of, or any substantial layoff at a plant, facility, or enterprise.
- ☐ D. Is employed at a facility at which the employer has made a general announcement that such facility will close within 180 days.
- ☐ E. Was self-employed (including as a farmer, a rancher, or a fisherman) but is unemployed as a result of general economic conditions in the community or because of natural disasters.
- ☐ F. Is a displaced homemaker.

2. Date of Dislocation: Month _____ Day _____ Year _____

(This only relates to the employer of dislocation, which may or may not be the last employer.)

3. Homeless? ☐ Yes ☐ No

4. Receiving any of the following at this time:

- A. Temporary Assistance for Needy Families (TANF) ☐ Yes ☐ No
- B. General Assistance: ☐ Yes ☐ No
- C. Refugee Assistance: ☐ Yes ☐ No
- D. Supplemental Security Income (SSI) ☐ Yes ☐ No
- E. Received food stamps at any time in the last six months? ☐ Yes ☐ No

F. Number in Family (including customer): _____

a. Single Parent? ☐ Yes ☐ No

G. Family income for the last six months:

Family Member	Source of Income	6-Month Amount (to nearest dollar)
Customer		
	Total 6-Month Income	

Indicate the individual's eligibility for WIOA services based on the information collected. Check all that apply:

- ☐ Dislocated Worker
- ☐ Older Youth (19-21)
- ☐ Younger Youth (14-18)
- ☐ Adult

SECTION F: EMERGENCY CONTACT PERSON

The person whose name is listed below does not live with me but can always contact me.

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Telephone Number: _____ Message Telephone: _____ Email: _____

Applicant Acknowledgment:

The information I have provided is true and accurate. I understand that any misrepresentation of information may adversely affect my application for WIOA assistance. I also understand that an application and eligibility determination are initial steps. After those steps are completed, staff will work with me to complete a Customer Service Plan. Staff is unable to make any commitments about whether or not I will be approved for training until this plan has been completed, reviewed and approved. I also understand that any payments I make to a school (tuition, fees, etc.) before my training request is approved, will not be reimbursable by WIOA.

Signature of Applicant

Date

I also attest that the following information, indicated with a check, is true and accurate for the purpose of program eligibility for training and support services. I also understand that I may be required to provide proof of the following and other eligibility items before approval for training and/or supportive services are provided.

Yes No

I am authorized to work in the United States.

I am a resident of DeKalb County Service Area.

I am registered with the Selective Service (males only, born on or after 1.1.1960)

US Citizen. If no, please complete:

Alien Card # _____ Expiration Date: _____

Signature of Applicant

Date

Veteran Determination

Yes No Are you a Veteran? If yes, service dates _____

Yes No Are you married to a Veteran?

Yes No Are you a surviving spouse of a Veteran?



Walter D. Dillman, Jr.

Note: Falsification of Data on this form is a crime against Federal and State laws. Falsification or concealment of information is punishable by a fine or imprisonment or both and will require repayment of any monies paid to, or on behalf of, the applicant while in a training program.

Date _____



Attendance Verification Form

This form serves as a letter of confirmation that _____
Customer's Name

attended the following DeKalb Workforce Work Readiness Workshops:

Workshop Name: _____

Time: _____ Date: _____

Instructor Signature: _____

Workshop Name: _____

Time: _____ Date: _____

Instructor Signature: _____

Workshop Name: _____

Time: _____ Date: _____

Instructor Signature: _____

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We are an EEO/M/F/D/V employer/program. Auxiliary aids/services are available upon request to individuals with disabilities.
Services are 100% Federally Funded by the U.S. Department of Labor, and a proud partner of the American Job Center Network.



DeKalb Workforce Development TABE Requirements



	Provider	Reading	Math
1	A Heaven's Height All Programs	8.0	8.0
2	Advanced Technology Group (ATG) A+/Net+ All other programs	8.0 9.0	8.0 9.0
3	Africa Medical Institute, Inc. All Programs	10.0	10.0
4	America's Driving Force of Georgia, Inc. All Programs	6.0	6.0
5	Assured & Associates All Programs	8.0	8.0
6	Atlanta Health Careers Institute, LLC CNA-PCT/Medical Assisting Medical Business Admin Ultrasound Tech	9.0 10.0 12.0	9.0 10.0 12.0
7	Atlanta Tech All Programs	12.0	12.0
8	Atlanta Truck Driving School, Inc. All Programs	5.0	5.0
9	Atlantic CDL Training Center All Programs	5.0	5.0
10	ATS Network	N/A	N/A
11	CDL of GA, LLC All Programs	6.0	6.0
12	Clayton State University All Programs	12.0	12.0
13	CNU Medical Institute All Programs	9.0	9.0
14	Columbus State University All Programs	12.0	12.0
15	Complete Game Broadcast dba Atlanta Broadcast Inst. All Programs	12.0	12.0
16	Covenant C.N.A. School CNA-PCT	8.0	8.0
17	D & E, A Financial Education & Training Institute (Forest Park) All Programs	7.0	7.0
18	D & E, A Financial Education & Training Institute (Tucker) All Programs	7.0	7.0
19	Daly's Truck Driving School All Programs	6.0	6.0
20	DeKalb Medical School of Radiologic Technology All Programs	12.0	12.0
21	Doakoltech, LLC Web Designer/Network Professional/Comptia A+ Comptia Security/Microsoft Office Professional Microsoft Sharepoint Developer/MS SQL Server	9.0 12.0	9.0 12.0

	Provider	Reading	Math
22	Emory University Center for Lifelong Learning		
	All Programs	12.0	12.0
23	FAKS Allied Health		
	CNA/Phlebotomy/EKG/PCT	7.0	7.0
	Medical Billing & Coding	8.0	8.0
	Pharmacy Technician/Phlebotomy EKG	10.0	10.0
24	Fortis College		
	CNA-PCT/Dental Assistant	10.0	10.0
	EMT/HVAC/Medical Office/Pharmacy Tech/Welding	11.0	10.0
	Medical Assistant	10.0	9.0
25	Georgia Driving Academy, Inc.		
	All Programs	5.0	5.0
26	Georgia Piedmont Technical College		
	All Programs	12.0	12.0
27	Georgia Perimeter College		
	All Programs	12.0	12.0
28	Georgia Southern University		
	All Programs		
29	Goodwill Industries of North Georgia		
	Construction Maintenance/New Choices Construction	4.0	4.0
	Forklift Certification	5.0	5.0
	Hospitality (HOT)	6.0	6.0
	Custodian/Floor Tech	2.0	2.0
30	Gordon College		
	All Programs	12.0	12.0
31	Grady Health System-School of Radiologic Technology		
	All Programs	12.0	12.0
32	Independent Electrical Contractors		
	All Programs	8.0	8.0
33	Institute of Medical Ultrasound		
	All Programs	12.0	12.0
34	Interactive College of Technology		
	All Programs	8.0	8.0
35	Katlaw Truck Driving School (Austell)		
	All Programs	6.0	6.0
36	Laurus Technical Institute		
	All Programs	10.0	10.0
37	Malik College of Medical & Computer Tech.		
	CNA-PCT	5.0	5.0
	Dialysis Tech/EKG/Medical Assisting/Medical Office Admin	8.0	8.0
	Pharmacy Tech/Phlebotomy		
	Microsoft.Net/Internet & Network Security/Java	9.0	9.0
	Networking/Office Expert/Programming/Unix Sun Solaris		
	Microsoft Certified System Engineer/Software Engineer	10.0	10.0
38	Mentee		
	CNA-PCT	8.0	8.0
39	New Horizons, CLC		
	A+ Net+/Cisco CCNA/MCITP/ Microsoft Office Specialist	9.0	9.0

	Provider	Reading	Math
	Web Designer/Web Developer/Cisco CCNP	12.9	12.9
40	Norcross Institute of Allied Health		
	All Programs	12.0	12.0
41	OmniTech Institute		
	All Programs	8.0	8.0
42	Our House		
	All Programs	7.0	7.0
43	Pacific Systems		
	CNA-PCT	8.0	8.0
	All IT Programs	9.0	9.0
44	Pro Data Inc.		
	All Programs	8.0	8.0
45	Professional Medical Institute		
	CNA-PCT/Phlebotomy	8.0	8.0
	Electorcardiograph Technician	12.0	12.0
46	R.S. Thomas Training Associates, Inc.		
	All Programs	10.0	10.0
47	Radiumsoft, Inc.		
	Cisco CCNA/Medical Assistant/Medical Billing & Coding	8.0	8.0
	Phlebotomy/EKG/SQL Server Database		
	.Net/Java/Q.A. Testing	10.0	10.0
	SAP	11.0	11.0
48	Southern Polytechnic State University		
	All Programs	12.0	12.0
49	Target IT		
	Microsoft.Net/Oracle/PMPwSap/SAP End User ERP-CRM	9.0	9.0
	SQA Software		
	Microsoft Office	10.0	10.0
	Microsoft Dynamics/SAP Certification	12.0	10.0
50	Technology Center		
	Accounting/Comptia Security/A+ Net +	8.0	8.0
	Comptia A+/Cisco (CCDA, CCNP, CCNA)/CAPM	12.0	12.0
51	Ten Step, LLC		
	All Programs	12.0	12.0
52	The Urban League		
	A+ Net+	9.0	9.0
	Financial Services/Microsoft Office User Specialist	10.0	10.0
53	Truck Driver Institute, Inc		
	All Programs	7.0	7.0
54	United Medical And Business Institute UMBI		
	All Programs	9.0	9.0
55	Waters Management Group		
	All Programs	12.0	12.0
56	Woodruff Medical Training & Testing, Inc.		
	CNA-PCT	8.0	8.0
	Medical Assistant	9.0	9.0